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|  |                        |            |
|--|------------------------|------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 10/066,836 |
|  | Filing Date            | 02/04/2002 |
|  | First Named Inventor   | BIGGADIKE  |
|  | Art Unit               | 1616       |
|  | Examiner Name          | BADIO      |
| Total Number of Pages in This Submission   | Attorney Docket Number | PG4739     |

1616\$

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TECH CENTER 1600/2900

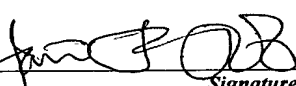
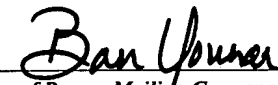
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| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers                               | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment / Reply                               | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
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| <input type="checkbox"/> Affidavits/declaration(s)                                  | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                                  | <input checked="" type="checkbox"/> Terminal Disclaimer (4)                     | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                                | <input type="checkbox"/> Request for Refund                                     | <b>Amendment Transmittal Letter</b>  |
| <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) | <input type="checkbox"/> CD, Number of CD(s) _____                              | <b>PTO-1449</b>  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                     | Remarks   | <b>References on CD</b>  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application           | Customer No.: 23347   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53        |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | James P. Rick<br>Registration No.: 39,009<br>Telephone: 919-483-8022 |
| Signature                                  |  |
| Date                                       | 28 Oct 03  |

| CERTIFICATE OF TRANSMISSION/MAILING   |            |      |          |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the |            |      |          |
| Typed or printed name   | Ban Younan | Date | 10/29/03 |
| Signature   |            |      |          |

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|--|-------------------------------------|-----------------------------|--|---------|-------------------|
| <b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>   |                                     |                             | Docket No.<br><b>PG4739</b>  |         |                   |
| Applicant(s): <b>BIGGADIKE, et.al.</b>   |                                     |                             |  |         |                   |
| Serial No.<br><b>10/066,836</b>  | Filing Date<br><b>02/04/2002</b>    | Examiner<br><b>BADIO</b>    | Group Art Unit<br><b>1616</b>  |         |                   |
| Invention:<br><b>NOVEL ANTI-INFLAMMATORY ANDROSTANE DERIVATIVE</b>   |                                     |                             | <b>RECEIVED</b><br><b>NOV 12 2003</b>  |         |                   |
| TO THE COMMISSIONER FOR PATENTS:   |                                     |                             | <b>TECH CENTER 1600/2900</b>   |         |                   |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.  |                                     |                             |  |         |                   |
| <b>CLAIMS AS AMENDED</b>   |                                     |                             |  |         |                   |
|  | CLAIMS REMAINING<br>AFTER AMENDMENT | HIGHEST #<br>PREV. PAID FOR | NUMBER EXTRA<br>CLAIMS PRESENT   | RATE    | ADDITIONAL<br>FEE |
| TOTAL CLAIMS   | 18 -                                | 18 =                        | 0 x  | \$18.00 | \$0.00            |
| INDEP. CLAIMS  | 3 -                                 | 3 =                         | 0 x  | \$84.00 | \$0.00            |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                     |                             |  |         | \$0.00            |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT  |                                     |                             |  |         | \$0.00            |
| <p> <input checked="" type="checkbox"/> No additional fee is required for amendment.<br/> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____<br/> <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.<br/> <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>07-1392</b> </p> <p> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.<br/> <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.         </p> |                                     |                             |  |         |                   |
| <br>_____<br><b>Signature</b>   |                                     |                             | Dated: <b>28 OCT 03</b>  |         |                   |
| <b>Jim Riek</b><br>Registration No.: 39,009<br>Telephone: 919-483-8022<br>Customer No.: 23347  |                                     |                             | <div style="border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on <b>10/29/03</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p style="text-align: center;"> <br/> <b>Signature of Person Mailing Correspondence</b> </p> <p style="text-align: center;"> <b>Ban Younan</b><br/> <b>Typed or Printed Name of Person Mailing Correspondence</b> </p> </div> |         |                   |
| CC:  |                                     |                             |  |         |                   |